

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD047701203	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address SILICON GENERAL 11651 Monarch St., Garden Grove, Ca. 92641				A. State Manifest Document Number 84341595		
4. Generator's Phone (714) 898-8121				B. State Generator's ID CAD047701203		
5. Transporter 1 Company Name OMEGA CHEMICAL CORP.		6. US EPA ID Number CAD042245001	C. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number	D. Transporter's Phone 213/698-0991			
9. Designated Facility Name and Site Address OMEGA CHEMICAL CORP. 12504 E. Whittier Blvd. Whittier Ca. 90602		10. US EPA ID Number CAD042245001	E. State Transporter's ID			
			F. Transporter's Phone			
			G. State Facility's ID CAD042245001			
			H. Facility's Phone 213/698-0991			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers	13. Total Quantity	14. Unit	15. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S ORM-A NA 9189 (Micro-Strip) CORROSIVE			No. 03	Type DM	160 gal	G 211
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above			K. Handling Codes for Wastes Listed Above a) d99			
15. Special Handling Instructions and Additional Information						
Material to						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name Ernie Cavasos			Signature Ernie Cavasos		Date Month Day Year 07/23/85	
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature E. Battered		Date Month Day Year 07/23/85	
18. Transporter 2 Acknowledgement or Receipt of Materials			Signature		Date Month Day Year	
Printed/Typed Name			Signature		Date Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name STEVEN SIMPSON			Signature Steve Simpson		Date Month Day Year 07/23/85	